WARD MID-ROTATION FEEDBACK:	WARD END-ROTATION FEEDBACK:	1	MED SERVICES UNIVERSITY
I have provided mid-rotation	I have provided end-of-rotation	~ U	
feedback to the student, to include	feedback to the student, to include	ש	epartment of Pediatrics
areas of strength and improvement.	areas of strength and improvement.		Clinical Passport
I would rate the student's perform-	I would rate the student's perform-		AY 2008-2009
ance as:	ance as:		11 2000 2009
Below Expectations	Below Expectations	Student:	
At Expected Level	At Expected Level	Student.	
Above Expectations	Above Expectations	Site:	
		Rotation:	
		Rotation:	
Ward Attending or Resident Signature/Date	Ward Attending or Resident Signature/Date		ents will use this Clinical Passport to document their clinical experience over the 6 weeks.
NURSERY FEEDBACK: I have provided nursery rotation fee	dback to the student, to include areas		document must be complete and submitted prior to r the pediatric NBME. Otherwise, the student's final
of strength and improvement.			grade may be adversely affected. ***
			18 TO
I would rate the student's			
Below Expec			MAR
At Expected 1 Above Expec		For student	to sign when complete:
MOVO HAPOO		2 02 0000000	to sign timen complete.
		I assert tha	t the items within this Passport have been completed
Nursery Attending Signature/Date		l l	honesty and integrity.
area on the Inpatient Evaluation	nacceptable or Needs Improvement in any on, please contact the Site Director hip Director.	Signature	/Date
and of orders	mp birector.		
WARD MID-ROTATION FEEDBACK:	WARD END-ROTATION FEEDBACK:	Of the Heal	MED SERVICES UNIVERSITY th Sciences
I have provided mid petation	I have provided and of retation	D.	and of Dadiatrics
I have provided <u>mid-rotation</u> feedback to the student, to include	I have provided <u>end-of-rotation</u> feedback to the student, to include	ש	epartment of Pediatrics
areas of strength and improvement.			Clinical Decement
wrom or successing and improvements	arous or surengm and improvement		Clinical Passport
I would rate the student's perform-	I would rate the student's perform-		AY 2008-2009
ance as:	ance as:		
Below Expectations	Below Expectations	Student:	
At Expected Level Above Expectations	At Expected Level Above Expectations	Site:	
		Rotation:	
		notation.	
Ward Attending or Resident	Ward Attending or Resident	C4 3	ante millore this Olivical Deservant to desument
Signature/Date	Signature/Date		ents will use this Clinical Passport to document
			their clinical experience over the 6 weeks.
NURSERY FEEDBACK:		*** This	document must be complete and submitted prior to
The	all a class at a standard see to class a consequence	sitting fo	r the pediatric NBME. Otherwise, the student's final
of strength and improvement.	dback to the student, to include areas		grade may be adversely affected. ***
or stronger and improvement.			TO CHILD A
I would rate the student's	performance as:		
Below Expect	ations		MA N
At Expected I		T	As allow with the control of the
Above Expect	ations	For student	to sign when complete:
		I against 410 c	t the items within this Descript have been seen it.
		l l	t the items within this Passport have been completed
Nursery Attending Signature/Date		by me with	honesty and integrity.
		1 -	
* If student is at pick for receiving II	accentable or Needs Improvement in any		

Signature/Date

*** If student is at risk for receiving Unacceptable or Needs Improvement in any area on the Inpatient Evaluation, please contact the Site Director and/or Clerkship Director. ***

Pediatric Clerkship MS-3 Activities Checklist

Observed Encounters

Preceptors initial and date on the line after encounter form completed and reviewed with the student. Forward form to Site Director to be placed in student file.

with the student. For ward joint to St	te Director to be placea in stauent jue.
Ward Obtain H&P of Acute Illness (C	Checklist)
Nursery Perform Newborn PE (Checklis	st)
Clinic	
Obtain H&P of Health Supervi	sion Encounter (SCO)
Deliver Anticipatory Guidance	in HS Encounter (SCO)
Health Super	<u>vision Module</u>
student preparation and participation	cussion on HS cases, and comments whether were deemed adequate or inadequate. d be forwarded to Site Director.
CASES 1 - 3	
Preparation	Adequate / Inadequate
Participation -	Adequate / Inadequate
CASES 4 - 6	
Preparation	Adequate / Inadequate
Participation	Adequate / Inadequate
Other T	acke
Check by student or Site Di	
H&P 1	
Н&Р 2	
Oral Presentation	
Clerkship Quiz	
D 1' 4 ' CL 1 1' MG	
Pediatric Clerkship MS	_
	Encounters
with the student. Forward form to Si	er encounter form completed and reviewed ite Director to be placed in student file.
Ward Obtain H&P of Acute Illness (C	Checklist)
Nursery Perform Newborn PE (Checkli	st)
Clinic Obtain H&P of Health Supervi	sion Encounter (SCO)
Deliver Anticipatory Guidance	in HS Encounter (SCO)
Health Super	vision Module
student preparation and participation	scussion on HS cases, and comments whether were deemed adequate or inadequate. Id be forwarded to Site Director.
CASES 1 - 3	
Preparation	Adequate / Inadequate
Participation	Adequate / Inadequate
CASES 4 - 6	
Preparation	Adequate / Inadequate
Participation	Adequate / Inadequate
Other T	-
Check by student or Site Di	
H&P 1	
	
H&P 2	
Oral Presentation	

Clerkship Quiz

USUHS Third-Year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting the interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

Core problem/type/disease state	Clinical setting ¹	Alternate method of exposing student to problem/disease state	Verification (date and preceptor initials)
1. Well child care (2–12 mos)	0	CLIPP 2	
2. Well child care (15-60 mos)	0	CLIPP 3	
3. Disorder of growth (obesity, FTT, short stature)	O, W, N	CLIPP 18 or 26	
4. Adolescent H&P (sports or school physical or acute complaint)	0	CLIPP 5	
5. Acute otitis media / otitis media with effusion	O, W	CLIPP 14	
6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn)	O, W, N	CLIPP 12	
7. Fever (from any cause)	O, W, N	CLIPP 10	
8. Acute gastroenteritis	O, W	CLIPP 15	
9. Rash (of any type)	O, W, N	CLIPP 3	
10. Neonatal hyperbilirubinemia	O, W, N	CLIPP 8	
11. Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma follow-up, hemeonc patient)	O, W, N	CLIPP 30	

^{1.} Clinical setting: O=outpatient clinic, W=inpatient ward, N=nursery

USUHS Third-Year Pediatric Clerkship Core Problems/Type or Condition Checklist

The level of responsibility of the student is to participate in the care of each patient by completing a focused history and physical and presenting the interpretation to the preceptor. The preceptor will initial as verification that the student did precept that encounter with them.

Core problem/type/disease state	Clinical setting ¹	Alternate method of exposing student to problem/disease state	Verification (date and preceptor initials)
1. Well child care (2–12 mos)	0	CLIPP 2	
2. Well child care (15-60 mos)	0	CLIPP 3	
3. Disorder of growth (obesity, FTT, short stature)	O, W, N	CLIPP 18 or 26	
Adolescent H&P (sports or school physical or acute complaint)	О	CLIPP 5	
5. Acute otitis media / otitis media with effusion	O, W	CLIPP 14	
6. Respiratory disorder (cough, wheeze, asthma, URI, respiratory distress in newborn)	O, W, N	CLIPP 12	
7. Fever (from any cause)	O, W, N	CLIPP 10	,
8. Acute gastroenteritis	O, W	CLIPP 15	
9. Rash (of any type)	O, W, N	CLIPP 3	
10. Neonatal hyperbilirubinemia	O, W, N	CLIPP 8	
Chronic medical problem (CF, CP, congenital heart disease, seizures, asthma follow-up, hemeonc patient)	O, W, N	CLIPP 30	

1. Clinical setting: O=outpatient clinic, W=inpatient ward, N=nursery